FRAMEWORK FOR STATE EVALUATION OF CHILDREN'S HEALTH INSURANCE PLANS

UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

(Edited to reflect Territorial programs while meeting requirements under Section 2108(b) of the Social Security Act)

Territory: GUAM
(Name of Territory)

The following State Evaluation is submitted in compliance with Title XXI of the Social Security Act (Section 2108(b)).

DENNIS G. RODRIGUEZ, DIRECTOR, DEPT. OF PUBLIC HEALTH & SS
(Signature of Agency Head)

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Contact Person/Title MaTheresa Arcangel, Supervisor in Charge Bureau of Health Care Financing

Address P.O. Box 2816 Agana, Guam 96932

Phone (671) 735-7282 Fax (671) 734-63860

SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR SCHIP PROGRAM

This section is designed to highlight the key accomplishments of your SCHIP program toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the SCHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 Enrollment in Territory-wide Medicaid program

1.1.1 What is the estimated number of children eligible for Medicaid? Please also describe the methodology used to determine this estimate.

There are approximately 5,000 to 7,000 children enrolled in Medicaid every fiscal year. Medicaid Programs in the Territories, including Guam, have operated under a congressionally mandated Federal fiscal ceiling with a matching rate of 50%. As Medicaid expenditures exceed the federal cap, many services otherwise eligible for Federal Financial Participation (FFP) have been paid for using unmatched Territorial dollars.

Since 1990, Guam has been experiencing a consistently mounting local overmatch to the federal ceiling. In Fiscal Year 1998, Guam matched 113% against the federal cap. The Federal cap for Medicaid in Fiscal Year 1998 was $ 5,090,000. Total Medicaid administrative and medical expenditures mounted to $10,855,364. Of this amount, local funds shouldered $5,765,364 or 113% beyond the federal funding. The average Medicaid per member per year cost was calculated to be $1036 across all ages, and $761 for children 18 and below.

The Department of Public Health and Social Services has an in-house Computer Systems Group Unit responsible for the Maintenance of the department's Guam Medicaid Management Information System (GMMIS). The GMMIS has in place, specific software programs that perform data collection and generate various reports necessary for monthly, quarterly and annual reports used for management assessment and program compliance purposes.

Data sources are from all Medicaid eligibility applications and service claims processed throughout the year using the GMMIS. Statistics are extracted from the database to generate reports such as number of eligibles from various villages and all expenditures by type of service. These reports are -used to measure the program's performance objectives.

1.1.2 How many additional children have been covered under Medicaid with the use of additional federal funds provided under Title XXI?

Theoretically, the average cost per member per year for Medicaid coverage is $1,036 across all ages, and $761 for children 18 and below. Additional CHIP funds of $578,172 for medical care of Guam's Medicaid uninsured children, based on expenditures of $761will only assist approximately 760 children on an annual basis before CHIP is depleted. The remaining 4,000 plus children incurring unpaid Medicaid medical bills

will have to be carried over to the next fiscal year when a new Medicaid budget is appropriated. It is this reason that Guam had opted to implement CHIP using the Medicaid expansion option.

The estimated number of children covered under Medicaid that are qualified for additional federal funds provided under CHIP in fiscal year 1998 was around 5,000. As Medicaid funding is exhausted, CHIP funding for Guam becomes accessible in the amount of $578,172 with a 65% ($375,812) federal and 35% ($202,360) local match. Guam was able to exceed the Medicaid ceiling and is in the process of drawing down on this funding to reimburse the Government of Guam for approximately 4,018 service claims for services rendered to children (duplicated count) who incurred medical bills beyond what Medicaid funding was able to cover.

1.2 Please explain any differences in the estimate of the total number of children eligible for Medicaid versus the total number of children covered by the program. In addition, please explain the unique structure of your program, such as how Title XIX and XXI funds work together to continue services for enrolled children and to cover additional children under Medicaid.

Guam's SCHIP expands Federally funded Medicaid to children under 19 receiving services through a Territory-funded program. These children meet current Medicaid eligibility requirements: however, since territories have a cap on Federal expenditures, these children receive services that are unmatched with federal funds through state only funds once all available Medicaid federal matching funds have been exhausted.

A Special Rule 2110 of the Balanced Budget Act allows the implementation of CHIP by providing services to children below 19 year of age who become ineligible to Medicaid. Medicaid ineligible children as defined in the special rule are children in the Medicaid program but whose medical expenditures are not paid out of Medicaid funds because the federal cap has been exceeded.

The additional CHIP budget of $578,172 for medical care of Guam's Medicaid uninsured children, based on expenditures of $761 per member per year will assist approximately 760 children on an annual basis before CHIP is depleted. To implement a separate CHIP program covering approximately 5,000 CHIP qualified children at the same annual cost per child would have cost Guam approximately $3,805,000, which is far beyond the CHIP funding of $578,172, which was originally assigned to Guam to implement CHIP for the first few years.

1.3 What progress has been made to achieve the Territory's strategic objectives and performance goals for its SCHIP program(s)?

Please complete Table 1.3 to summarize your Territory's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State

Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List the Territory's strategic objectives for the SCHIP program, as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Coordinate with Title XIX regarding services to Medicaid ineligible children based on BBA §2110(b)(3)	Provide medical services to Medicaid children who become ineligible to Medicaid since Federal Medicaid funds have been exhausted	Data Sources: Medicaid enrollment and expenditure reports. Methodology: After Federal Medicaid expenditures exhausted, identify expenditures and number of additional children who received medical services up to the amount of SCHIP allottment Progress Summary: FY 1998 - medical payments to 4,018 additional services totaling $578,172 . Progress Summary: FY 1999 - medical services to Not Available additional children totaling $_Not Available_. [if FY 1999 not available, please state "Not Available"]
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Streamline Departmental-wide referral system and initiate outreach	Identify and reduce the number of uninsured children by enrolling children eligible to	Data Sources: Medicaid Applications and Service Claims Processed using the GMMIS. Methodology: Increase the number of children enrolled to Medicaid by 5 – 10% of

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
presentations and dissemination of Program literature at strategically located government departments and agencies that directly deal with low-income families with children on a daily basis.	Medicaid from villages of suspected lower-income families.	previous fiscal year's enrollment from low density populated villages where there are considerable lower-income families. Numerator: Not Available Denominator: Not Available Progress Summary: Not Available (The department is in the process of transitioning to a new Guam Medicaid Management Information System and is incapable to provide numeric statistics showing if there has been an increase in Medicaid enrollment in children from the low density populated villages)
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Enhance the Accessibility and Availability of preventive health and dental care services to	Ensure that children under Medicaid are aware and encouraged to avail of the Early and Periodic Screening, Diagnosis and	Data Sources: GMMIS Methodology: Increase the Number of children receiving EPSDT services by 5 – 10% based on previous year's utilization of services by age category.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
eligible CHIP children.	Treatment (EPSDT) services. Ensure that dental care is provided to children needing the services.	Increase the Number of children receiving dental services by 5 – 10% based on previous year's utilization of services by age category. Numerator: Not Available Denominator: Not Available Progress Summary: Not Available (The department is in the process of transitioning to a new Guam Medicaid Management Information System and is incapable to provide numeric statistics showing specific percentage increases in the number of children receiving EPSDT and dental services. However, the Medicaid program is aware that an increase of EPSDT and other related services were paid for using CHIP funding)
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Monitor the Effectiveness of Medical Care to children receiving services under	Improve the number of Corrective Treatment referrals for Children as a result of EPSDT findings.	Data Sources: GMMIS Methodology: Increase by 5 – 10% of prior fiscal year the number of Corrective treatment services such as dental, hearing and eye services as a result of EPSDT preventive health services.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
Medicaid.	Improve the overall utilization of medical services of Medicaid.	Increase the Percentage Ratio (Utilization Percentage) of the number of children using Medicaid services versus the number of children enrolled to the program by 5 – 10% of prior fiscal year. Numerator: Not Available Denominator: Not Available Progress Summary: Not Available (The department is in the process of transitioning to a new Guam Medicaid Management Information System and is incapable to provide numeric statistics showing specific percentage increases in the number of children receiving corrective treatment referrals. However, the Medicaid program is aware that an increase of EPSDT and other related services were paid for using CHIP funding)
OTHER OBJECTIVES		
Solidify existing network with the various federal and local programs within	Identify and reach Medicaid eligible children between age 0 – 18 years who are seeking health	Data Sources: GMMIS Methodology: Increase the number of eligibles to Medicaid by changing Medicaid income and resource criteria to allow enrollment of at least 50% of approximately 2,756 children

the department, especially the state-only funded Medically Indigent Program (MIP) as an outreach effort.	care coverage from the MIP, which was in operation prior to July 1997. Continue to coordinate and involve the other federal and local programs within the department to network with CHIP for purposes of informing and referring potentially eligible children.	receiving services under the state-only funded MIP program who meet all CHIP eligibility criteria if CHIP were to be implemented as a separated program. Solidify network with the various public health programs such as MCH, Immunization, WIC, and the department's medical and dental site clinics and continue to participate and support by issuing referral slips or applications to potentially Medicaid eligible children. Numerator: Not Available Denominator: Not Available Progress Summary: The Medicaid Program is in process of evaluating Medicaid income and resources criteria so as to allow eligibility to MIP enrolled children who are without preventive and corrective treatment services.

SECTION 2. BACKGROUND

This section is designed to provide background information on SCHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your Territory? Please provide any additional information regarding the use of Title XXI funds not outlined under Section 1.1.3.

2.1.1 List all programs in your Territory that are funded through Title XXI. (Check all that apply.)

X Providing expanded eligibility under the Territory's Medicaid plan (Medicaid SCHIP expansion)

Name of program: Guam Medicaid

Date enrollment began (i.e., when children first became eligible to receive services): October 01, 1997

2.2 What environmental factors in your Territory affect your SCHIP program?

Under Sections 1905(b) and 1101(a)(8)(A), Guam is limited to a Federal medical assistance percentage of 50, regardless of per capita income. Due to this statutory limit, FMAP is set at 50 percent rather than the higher amount it would be if calculated the way it is for States. Guam cannot exceed the Federal fiscal ceiling which Congress establishes. Guam far exceeds its Federal fiscal ceiling. For example, in FY 1998 Medicaid expenditures reached $10,951,188 (or $792,774 over ceiling), in 1997 Medicaid expenditures were $12,448,396 (or $4,028,396 over ceiling) and in 1996 Medicaid expenditures were $11,570,540 (or $3,450,540 over ceiling). These amounts over the Federal ceiling are paid out of Territory only funds. The result is a form of health care rationing not experienced by the States.

It is for this reason Guam had opted to implement CHIP using the Medicaid expansion option. This may be the most expeditious and inexpensive way to implement CHIP on Guam. For example: In FY 1997 and 1998, it cost an annual average of $761 to cover a single child under the Medicaid EPSDT program and other preventive services. To offer a separate CHIP program, with the same services to approximately 5,000 CHIP qualified children who are without Medicaid or other insurance would have cost the Government of Guam approximately $3,805,000, which is far beyond the CHIP ceiling of $578,172 (federal ceiling $376,812 and local share $202,360) .

2.2.1 Explain the federal fiscal ceiling and statutory limits on the FMAP and describe the effects on your Medicaid program. (Section 2108(b)(1)(E))

Please See narrative in Section 2.2

2.2.3 Describe changes and trends in the Territory since implementation of your Title XXI program that "affect the provision of accessible, affordable, quality health insurance and health care for children." (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your SCHIP program.

___ Changes to the Medicaid program

- ___ Presumptive eligibility for children
- ___ Coverage of Supplemental Security Income (SSI) children
- ___ Provision of continuous coverage (specify number of months ___)
- ___ Elimination of assets tests
- ___ Elimination of face-to-face eligibility interviews
- ___ Easing of documentation requirements

X Impact of welfare reform on Medicaid enrollment and changes to (AFDC/TANF (specify)__

Welfare Reform federal statutes mandate that families and individuals who are not United States Citizens or Qualified Aliens can no longer be covered under any federally funded public assistance programs such as Medicaid. Families and individuals who migrated to Guam and were previously receiving Medicaid assistance, thus had to be removed from Medicaid rolls and covered under the locally funded Medically Indigent Program (MIP). This has impacted the local programs which now have to shoulder the expenses that were shifted from the federal programs in compliance to Welfare Reform. Because of unavailability of statistics, the specific numbers of individuals and families affected and financial impact to the local government is inaccessible at this time.

___ Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

- ___ Health insurance premium rate increases
- ___ Legal or regulatory changes related to insurance
- ___ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
- ___ Changes in employee cost-sharing for insurance
- ___ Availability of subsidies for adult coverage
- ___ Other (specify) _____

___ Changes in the delivery system

- ___ Changes in extent of managed care penetration (e.g., changes in HMO,

IPA, PPO activity)

___ Changes in hospital marketplace (e.g., closure, conversion, merger)

___ Other (specify) _____

___ Development of new health care programs or services for targeted low-income children
(specify)_____

___ Changes in the demographic or socioeconomic context

___ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify)_____

_____ Changes in economic circumstances, such as unemployment rate (specify)_____

___ Other (specify)_____

___ Other (specify) _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

Special Rule 2110 of the Balanced Budget Act allows the implementation of CHIP by providing services to children below 19 year of age who become ineligible to Medicaid. Medicaid ineligible children as defined in the special rule are children in the Medicaid program but whose medical expenditures are not paid out of Medicaid funds because the federal cap has been exceeded.

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter "NA."

Table 3.1.1

	Territory-wide Medicaid Program
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))	*Territory - Wide*
Age	*0-18*
Income (define countable income)	*Guam uses the a Basic Standard Needs Criteria that is comparable to under 100% of FPL*
Resources (including any standards relating to spend downs and disposition of resources)	
Residency requirements	Guam Resident
Disability status	NA
Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))	May or may not have other health coverage at the time of application. If recipient has other insurance, Medicaid pays for uncovered expenses of other insurance.
Other standards (identify and describe)	* Please refer to Section 3.1.3

3.1.2 How often is eligibility redetermined?

Table 3.1.2	
Redetermination	Territory-Wide SCHIP Program
Monthly	
Every six months	
Every twelve months	X
Other (specify)_____	

3.1.3 Is there retroactive eligibility, presumptive eligibility, or guaranteed eligibility for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

There is no retroactive eligibility, presumptive eligibility, or guaranteed eligibility per se.

Benefits for SCHIP eligible individuals in Guam were previously provided through non-Medicaid Territory-only funded health insurance programs. The Territory claims enhanced SCHIP match for expenditures made within their current health programs, which exceed their current (non-SCHIP) Medicaid funding limitations. It is only an expansion of the Federal dollars to cover expenditures for services that they are already providing to children.

In general, the SCHIP dollars are used to pay for services the Territory is already providing to children, which in States would be eligible for FFP but because of the Federal funding cap were paid for from the Territories' own funds. Once the Territory's spending exceeds the Federal Medicaid cap, it is eligible to use the SCHIP dollars to pay for Medicaid services they are currently providing for children.

3.2 What benefits do children receive and how is the delivery system structured? (Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Please complete Table 3.2.1 **for your Medicaid program**, showing which benefits are covered, the extent of cost-sharing (if any), and benefit limits (if any). Enter NA if not applicable.

Table 3.2.1 Territory-wide Medicaid Program_____			
Benefit	Is Service Covered? (✓ = yes)	Cost-sharing, where applicable	Benefit Limit, **where applicable** (Specify)
Inpatient hospital services	✓	NA	
Emergency hospital services	✓	NA	
Outpatient hospital services	✓	NA	
Physician services	✓	NA	
Clinic services	✓	NA	
Prescription drugs	✓	NA	
Over-the-counter medications		NA	
Outpatient laboratory and radiology services	✓	NA	
Prenatal care	✓	NA	
Family planning services	✓	NA	
Inpatient mental health services		NA	
Outpatient mental health services		NA	
Inpatient substance abuse treatment services		NA	
Residential substance abuse treatment services		NA	
Outpatient substance abuse treatment services		NA	
Durable medical equipment	✓	NA	Standard Equipment
Disposable medical supplies	✓	NA	
Preventive dental services		NA	Not covered by Medicaid as this service is offered free by Dept. of Public

Table 3.2.1 Territory-wide Medicaid Program_____			
Benefit	Is Service Covered? (✓ = yes)	Cost-sharing, where applicable	Benefit Limit, **where applicable** (Specify)
			Health & Social Services Dental Division.
Restorative dental services	✓	NA	
Hearing screening	✓	NA	
Hearing aids	✓	NA	Once every 5 years
Vision screening	✓	NA	
Corrective lenses (including eyeglasses)	✓	NA	
Developmental assessment	✓	NA	Limited to EPSDT Periodicity Schedule for prescribed ages
Immunizations	✓	NA	
Well-baby visits	✓	NA	
Well-child visits	✓	NA	
Physical therapy	✓	NA	
Speech therapy		NA	
Occupational therapy	✓	NA	
Physical rehabilitation services		NA	
Podiatric services	✓	NA	
Chiropractic services		NA	
Medical transportation	✓	NA	Off-Island travel and ambulatory transportation
Home health services		NA	
Nursing facility		NA	
ICF/MR		NA	

Table 3.2.1 Territory-wide Medicaid Program_____			
Benefit	Is Service Covered? (✓ = yes)	Cost-sharing, where applicable	Benefit Limit, **where applicable** (Specify)
Hospice care		NA	
Private duty nursing		NA	
Personal care services		NA	
Habilitative services		NA	
Case management/Care coordination		NA	
Non-emergency transportation		NA	
Interpreter services		NA	
Other (Specify)_____		NA	
Other (Specify)_____		NA	
Other (Specify)_____		NA	

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to SCHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

Guam provides regular Medicaid benefits as specified under its Guam Medicaid State Plan. There are no cost sharing requirements to its clients. Children under 19 years of age are eligible for free physical examinations and other medical services under the EPSDT program. Participation to this program is voluntary. With the lack of medical specialists and facilities on island, approximately 16 to 20 percent of expenditures are for off-island services. Families applying for Medicaid services are interviewed and provided with brochures about the program.

On a department-wide effort, Guam's Department of Public Health and Social Services (DPHSS)

implements various federal and local medical assistance programs which strive to reach uninsured children and families. These programs such as Maternal and Child Health-Family Planning Program (MCH-FP), Public Health Dental Program, Communicable Disease Center (CDC), Women Infant and Children (WIC), Medically Indigent Program, and Medical Social Services are all under the same department and in many ways are networked to help the community through the services that are available. These programs have outreach workers who are informed of the various programs within the department.

Public (community) health and school nurses, medical social workers and eligibility workers are deployed in the community to inform and assist families and children on what medical services among others are available to them. Brochures of the different programs are distributed to strategic public places. Families who do not qualify for one assistance program are referred to other programs. Some programs conduct special outreach fairs at the mall and other shopping centers. Outreach efforts also extend to public schools, the Guam Memorial Hospital and other government agencies.

Department of Public Health & Social Services operates clinics in three strategic locations: central, northern and southern which provide services to the entire population of the island, aside from services from privately practicing service providers. Guam does aggressive outreach program dissemination, disease screening/prevention as in mass immunization and actual disease screening procedures (mass BP determination, blood sugar/lipid determination etc.) out in the community.

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply. Enter NA if not applicable.

Table 3.2.3	
Type of delivery system	Territory-wide Medicaid Program
A. Comprehensive risk managed care organizations (MCOs)	N/A
Territory-wide?	___ Yes ___ No
Mandatory enrollment?	___ Yes ___ No
Number of MCOs	
B. Primary care case management (PCCM) program	N/A
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)	N/A
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)	✓
E. Other (specify)_____	N/A
F. Other (specify)_____	N/A
G. Other (specify)_____	N/A

3.3 How much does SCHIP cost families?

None of the Territories impose cost-sharing on any families covered under Title XXI or Medicaid.

3.4 How do you reach and inform potential enrollees? Please discuss any client education or outreach approaches used by your Medicaid/SCHIP program and any settings in which education/outreach is conducted.

Please see narrative on section 3.2.2

3.5 What other health programs are available to SCHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Please see narrative on section 3.2.2

Describe procedures to coordinate among Medicaid programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between Medicaid and other programs (such as MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5

Type of coordination	Maternal and child health	Other (specify) _____	Other (specify) _____
Administration	N/A		
Outreach	Please see section 3.2.2		
Eligibility determination	N/A		
Service delivery	N/A		
Procurement	N/A		
Contracting	N/A		
Data collection	N/A		
Quality assurance	N/A		
Other (specify) _____	N/A		
Other (specify) _____	N/A		

3.6 How do you avoid crowd-out of private insurance?

Guam's local law enforces compulsory health insurance coverage of children of employed absent parents with the Child Support Enforcement of the Department of Law. This is made possible through very close collaboration with the absent parents' employers and memoranda of understanding with Titles XIX, V, IV-D, WIC, DOE's HeadStart Program.

"Crowd-Out" is not a dilemma to Guam's Medicaid program since families enrolled in the program are usually without health care insurance. Clients receiving Medicaid services are either unemployed or employed less than 100 hours per month and can not afford private health care coverage on their own. Crowd-out is discouraged by imposing penalties, including disqualification provisions (similar to Guam's

state-only funded Medically Indigent Program law) for applicants who purposely disenroll from ones' health insurance coverage in an effort to qualify for government health insurance coverage.

During application to Medicaid, applicants are asked about their prior health insurance coverage, the last date that their health insurance was in effect and the reason for termination. Failure to report, withholding or falsification of information for the intention to qualify is punishable by either disqualification to participate in the program, suspension, or termination (depending on the severity of the offense) once found in violation of this provision. A monthly reporting of changes in the beneficiaries' household/financial circumstances will be required.

Medicaid also enforces a policy that, as a condition of one's eligibility, an applicant who has a TPL has to waive his right to coverage over to Medicaid. Medicaid strictly enforces a coordination of benefits where other TPLs are involved.

SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your SCHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who is enrolled in your SCHIP program?

There is no separate enrollment process for SCHIP. The SCHIP dollars are used to pay for services the Territory is already providing to children, which in States would be eligible for FFP but because of the Federal funding cap were paid for from the Territories' own funds. Once the Territory's spending exceeds the Federal Medicaid cap, it is eligible to use the SCHIP dollars to pay for Medicaid services they are currently providing for children.

4.1.1 What are the characteristics of children enrolled in your SCHIP program? (Section 2108(b)(1)(B)(i))

In Fiscal Year 1998, additional CHIP funds of $578,172 for medical care of Guam's Medicaid uninsured children, based on expenditures of $761 per child per year will only assist approximately 760 children on an annual basis before CHIP is depleted. The remaining 4,000 plus children incurring unpaid Medicaid medical bills will have to be carried over to the next fiscal year when a new Medicaid budget is appropriated. It is this reason that Guam had opted to implement CHIP using the Medicaid expansion option.

The estimated number of children covered under Medicaid that are qualified for additional federal funds provided under CHIP in fiscal year 1998 was approximately 5,000. As Medicaid funding was exhausted, CHIP funding for Guam became accessible in the amount of $578,172 with a 65% ($378,812) federal and 35% ($202,360) local match. Guam was able to exceed the Medicaid ceiling and is in the process of drawing down on this funding to reimburse the Government of Guam for approximately 4,018 service claims for services rendered to children (duplicated count) who incurred medical bills beyond what Medicaid

funding was able to cover.

4.2 Who disenrolled from your SCHIP program and why? What were the reasons for discontinuation of coverage under Medicaid? (Please specify data source, methodologies, and reporting period.) Identify reasons for disenrollment in Table 4.2.3.

There is no separate enrollment for SCHIP. Guam cannot track the rate of disenrollment because children are not tagged as "Medicaid" or "SCHIP" but are determined "eligible" based on when the federal Medicaid match runs out, i.e., the children become SCHIP children not by enrolling, but by having the Medicaid dollars run out before they are served.

Table 4.2.3

Reason for discontinuation of coverage	Territory-wide SCHIP Program	
	Number of disenrollees	Percent of total
Total	N/A	
Access to commercial insurance	N/A	
Income too high	N/A	
Aged out of program	N/A	
Moved/died	N/A	
Incomplete documentation	N/A	
Did not reply/unable to contact	N/A	
Other (specify) _____	N/A	
Other (specify) _____	N/A	
Don't know	N/A	

4.3 How much did you spend on your SCHIP program?

4.3.1 What were the total expenditures for your SCHIP program in federal fiscal year (FFY) 1998 and 1999?

FFY 1998 $578,172.00

FFY 1999 Unavailable

Table 4.3.1 Territory-wide SCHIP Program

Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures	$578,172.00	N/A	$375,812.00	N/A
Premiums for private health insurance (net of cost-sharing offsets)*	$ 0	N/A	$ 0	N/A
Fee-for-service expenditures (subtotal)	$578,172.00	N/A	$375,812.00	N/A
Inpatient hospital services	$233,165.00	N/A	$151,557.00	N/A
Inpatient mental health facility services		N/A		N/A
Nursing care services		N/A		N/A
Physician and surgical services	$ 60,078.00	N/A	$ 39,243.00	N/A
Outpatient hospital services	$ 64,078.00	N/A	$ 41,651.00	N/A
Outpatient mental health facility services		N/A		N/A
Prescribed drugs	$ 1,066.00	N/A	$ 693.00	N/A

Table 4.3.1 Territory-wide SCHIP Program_____				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Dental services	$ 53,458.00	N/A	$ 37,748.00	N/A
Vision services		N/A		N/A
Other practitioners' services	$ 705.00	N/A	$ 458.00	N/A
Clinic services	$ 16,990.00	N/A	$ 11,044.00	N/A
Therapy and rehabilitation services		N/A		N/A
Laboratory and radiological services	$ 8,916.00	N/A	$ 5,795.00	N/A
Durable and disposable medical equipment		N/A		N/A
Family planning		N/A		N/A
Abortions		N/A		N/A
Screening services		N/A		N/A
Home health	$ 317.00	N/A	$ 206.00	N/A
Home and community-based services		N/A		N/A
Hospice		N/A		N/A
Medical transportation		N/A		N/A
Case management		N/A		N/A
Other services	$139,103.00	N/A	$ 90,417.00	N/A

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap? None

What role did the 10 percent cap have in program design? None

Table 4.3.2		
Type of expenditure	Territory-wide Medicaid Program	
	FFY 1998	FFY 1999
Total computable share	None	None
Outreach	None	None
Administration	None	None
Other	None	None
Federal share	None	None
Outreach	None	None
Administration	None	None
Other _____	None	None

4.3.3 What were the non-Federal sources of funds spent on your SCHIP program (Section 2108(b)(1)(B)(vii))

_X_ Territory appropriations
___ County/local funds
___ Employer contributions
___ Foundation grants
___ Private donations (such as United Way, sponsorship)
___ Other (specify) _____

4.4 How are you assuring your Medicaid/SCHIP enrollees have access to care and how are you assuring quality of care?

4.4.1 Please indicate below which processes (if any) you use to monitor access/quality in your Medicaid/SCHIP program?

Table 4.4.1 – Access	
Approaches to monitoring access	Territory-wide Medicaid Program
Appointment audits	N/A
PCP/enrollee ratios	N/A
Time/distance standards	N/A
Urgent/routine care access standards	N/A
Network capacity reviews (rural providers, safety net providers, specialty mix)	N/A
Complaint/grievance/disenrollment reviews	N/A
Case file reviews	N/A
Beneficiary surveys	N/A
Utilization analysis (emergency room use, preventive care use)	N/A
Other (specify) _____	N/A
Other (specify) _____	N/A
Other (specify) _____	N/A

Table 4.4.1 – Quality	
Approaches to monitoring quality	Territory-wide Medicaid Program
Focused studies (specify)	N/A
Client satisfaction surveys	N/A
Complaint/grievance/disenrollment reviews	N/A
Sentinel event reviews	N/A
Plan site visits	N/A
Case file reviews	N/A
Independent peer review	N/A

Table 4.4.1 – Quality	
Approaches to monitoring quality	Territory-wide Medicaid Program
HEDIS performance measurement	N/A
Other performance measurement (specify)	**Please see table 1.3**
Other (specify)	**Please see table 1.3**
Other (specify)	**Please see table 1.3**
Other (specify)	**Please see table 1.3**

4.4.2 What information (if any) is currently available on access and quality by Medicaid/SCHIP enrollees in your Territory? What plans does your Medicaid/SCHIP program have for future monitoring/evaluation of access/quality? When will data be available? Please also describe any challenges in data collection and analysis that have been encountered.

Please see table 1.3

4.4.3 What kind of managed care utilization data are you collecting for each of your SCHIP programs? **If your Territory has no contracts with health plans, skip to section 4.4.4.**

Table is not applicable

Table 4.4.3	
Type of utilization data	Territory-wide Medicaid Program
Requiring submission of raw encounter data by health plans	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No
Other (specify)_____	___ Yes ___ No

4.4.4 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your Medicaid/SCHIP program's performance. Please list attachments here.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the Territory during the early "implementation" of its SCHIP program as well as to discuss ways in which the Territory plans to improve its Medicaid program in the future. The Territory evaluation should conclude with recommendations of how the Title XXI program could be improved.

5.1 What worked and what didn't work when "designing and implementing" your SCHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible.

Please see narrative in sections 5.2 and 5.3

5.2 What plans does your Territory have for "improving the availability of health insurance and health care for children"? (Section 2108(b)(1)(F))

Both our immediate and long term plans are to work with HCFA, APHSA, our Delegate to Congress, and congressional contacts to convince Congress that the SCHIP law needs to be changed to allow the Territories to institute an appropriate and well-needed SCHIP program. To do this, Congress would have to approve an amendment which would grant the Territories SCHIP monies on the same basis as the States, utilizing the same formula.

Without additional funding to create a true State Children's Health Insurance Program, there is no possibility of improving the availability of health insurance and health care for children because the local governments are already overburdened with at least 70% of the cost of the Medicaid program. Congress needs to understand that the Territories were short changed both in Medicaid and SCHIP allocations and that they need to correct these major deficiencies in the Medicaid and SCHIP laws. Only then can we talk about "improving the availability of health insurance and health care for children".

5.3 What recommendations does your Territory have for improving the Title XXI program? (Section 2108(b)(1)(G))

1. Eliminate the Federal fiscal ceiling which Congress establishes and allow open ended Medicaid funding.

2. Increase the Territories' share of the Federal Medical Assistance Percentage (FMAP). Utilize the existing formula for States defined in §1905(b) and §1101(a)(8)(A) of the Social Security Act to compute FMAP for the Territories. Revise those statutes to eliminate the arbitrary designation of 50 percent FMAP for the Territories. These actions will allow for an adjustment in the SCHIP enhanced FMAP as well.

3. Increase SCHIP appropriations to Territories in line with the formula used to allocate SCHIP funds to States.